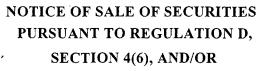
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D





OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response . . . 16.00

SEC USE ONLY				
Prefix	Seria	al		
DAT	E RECEIVED			
	11:			

UNIFORM LIMITED OFFERING EXEMPTION			
Name of Offering (check if this is an amendment and name has changed, and indicate of	change.) Issuance of Series A Preferred Stock		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 S	ection 4(6) ULOE		
Type of Filing: New Filing	INIL A E TOWN		
A. BASIC IDENTIFICATION DATA	JAN 00 1109 >>		
Enter the information requested about the issuer	· //		
Name of Issuer (check if this is an amendment and name has changed, and indicate changed	ange.)		
Gateway Management Services Limited			
Address of Executive Offices: (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
Canon's Court, 22 Victoria Street, Hamilton HM 12, Bermuda	(441) 295-2244		
Address of Principal Business Operations: (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
(if different from Executive Offices) SAME			
Brief Description of Business:			
Provides leasing and operating services for ocean going cargo container fleets owned by th	ird parties.		
Type of Business Organization			
☐ corporation ☐ limited partnership, already formed ☐ otl	ner (please specify): An exempt company		
☐ business trust ☐ limited partnership, to be formed or	ganized under the laws of Bernald CECEF		
Month Year	MAC COALL		
Actual or Estimated Date of Incorporation or Organization: 0 1 0 1	Actual Estimated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	on for State: FN JAN 07 2004		
CN for Canada: FN for other foreign jurisdictive	On)		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-ing, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	_					
2. Enter the information requested for the following:						
• ' Each promoter of the issuer, if the issuer has been organized within the past five years;						
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 						
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; 	,					
Each general and managing partner of partnership issuers.	_					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	_					
Full Name (Last name first, if individual) Che, Raphael M. Y.						
Business or Residence Address (Number and Street, City, State, Zip Code)	_					
88 Kearny Street, Suite 2100, San Francisco, CA 94108						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	_					
Full Name (Last name first, if individual)						
Rhodes, John R.	_					
Business or Residence Address (Number and Street, City, State, Zip Code) 4 Cloudview Road, Sausalito, CA 94965						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Wu, Allen S. K.						
Business or Residence Address (Number and Street, City, State, Zip Code)	_					
6331 Buswell Street, Unit 303, Richmond, Vancouver, B.C. V6Y 4H2 Canada	_					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Anderson, Allen						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o PAMA Group, Inc., 32/F, Alexandra House, 18 Chater Road, Central, Hong Kong	_					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or						
Managing Partner Full Name (Last name first, if individual)	_					
Nakatani, T.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o ITOCHU Corporation, 5-1, Kita-Aoyama 2-chome, Minato-ku, Tokyo 107-8573 Japan	_					
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	_					
Full Name (Last name first, if individual) Okada, Akihiko	_					
Business or Residence Address (Number and Street, City, State, Zip Code) c/o ITOCHU Corporation, 5-1, Kita-Aoyama 2-chome, Minato-ku, Tokyo 107-8573 Japan						
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	_					
Full Name (Last name first, if individual) Hosokawa, Tatsuya	_					
Business or Residence Address (Number and Street, City, State, Zip Code)	_					
c/o ITOCHU International, Inc., 335 Madison Avenue, New York, NY 10017						

				-114.
Check Box(es) that Apply: Pro	moter 🛛 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)			
Wachovia Capital Investments, In	ıc.			
Business or Residence Address (N	Jumber and Street, City, State,	Zip Code)		
1 Wachovia Center, 301 South Colle	ge Street, Mailcode NC0610, (Charlotte, NC 28288		
Check Box(es) that Apply: Pro	moter 🛛 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)			
GMS Holdings Limited	,			
Business or Residence Address (N	Jumber and Street, City, State,	Zip Code)		
Canon's Court, 22 Victoria Street, I		• /		
	moter Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indivi-	dual)		. 41.7	
Business or Residence Address (N	Sumber and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Pro	moter Beneficial Owner	Executive Officer	Director	General and/or
T. 11 N (T C (C 1)	11)			Managing Partner
Full Name (Last name first, if indivi-	iuai)			
Business or Residence Address (N	Sumber and Street, City, State,	Zip Code)		·
Check Box(es) that Apply: Pro	moter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi-	fual)			
Business or Residence Address (Jumber and Street, City, State,	Zip Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Pro	moter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi-	dual)			
Business or Residence Address (1	Sumber and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	moter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)			
Business or Residence Address (N	Jumber and Street, City, State,	Zip Code)		* Page

B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.						Yes No 🗌 🛭							
What is the minimum investment that will be accepted from any individual?							\$N/A						
									Yes No 🗌 🖾				
										ited perso	ns of such	a broker	
			orth the in		for that b		ealer only.	NONI	<u> </u>				
ruli Na	me (Last i	iame msi,	, ii inaivia	uai)	•	N/A							
Busines	ss or Resid	lence Add	ress (Num	ber and S	treet, City	, State, Zij	o Code)		N/A			_	<u>.</u>
Name o	f Associat	ted Broker	r or Dealer	•		N/A							
States in	n Which P	erson List	ted Has Sc	licited or	Intends to	Solicit Pu	ırchasers						
(Ch	eck "All S	states" or o	check indi	vidual Sta	ites)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last r	ame first,	if individ	ual)		N/A							
Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City	State, Zij	Code)	***************************************					
Name of Associated Broker or Dealer													
States in	n Which P	erson List	ted Has So	licited or	Intends to	Solicit Pu	ırchasers					-,	
							All States						
•		_			•								7111 514100
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Type of Security Sold Debt Equity \$1.00 \$1.00 Common □ Preferred Convertible Securities (including warrants)..... Partnership Interests.... Other (Specify) \$<u>1.0</u>0 Total..... \$1.00 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505......N/A Regulation A.....N/A Rule 504......N/A Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □ \$ _____ □ \$_____ Printing and Engraving Costs □ \$_____ Legal Fees □ **\$** Accounting Fees □ \$ Engineering Fees Sales Commissions (specify finders' fees separately)

⊠\$ -0-

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEED	S	
٠	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>1.00</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.			
		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	\$		\$
	Purchase of real estate	□ \$		\$
	Purchase, rental or leasing and installation of machinery and equipment	S		\$
	Construction or leasing of plant buildings and facilities			\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	П	\$
	Repayment of indebtedness	□ \$ □ \$		¢
	Working capital			\$
		∑ \$ <u>1.00</u>		
	Other (specify)	□ \$	Ш	\$
		□ \$		\$
	Column Totals	∑ \$ <u>1.00</u>	\boxtimes	\$0-
	Total Payments Listed (column totals added)	⊠ \$ <u>1</u>	.00	

following signature constitutes an undertaking by the of its staff, the information furnished by the issuer to		
Issuer (Print or Type) Gateway Management Services Limited	Signature Mill	Date December 30, 2003
Name of Signer (Print or Type) Russell Mules	Title of Signer (Print or Type) Authorized Signa	ctory

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the

ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)